

Entered - 03/09/04- sb  
CL - 04L0173 LISA CARTER

04-R-0670

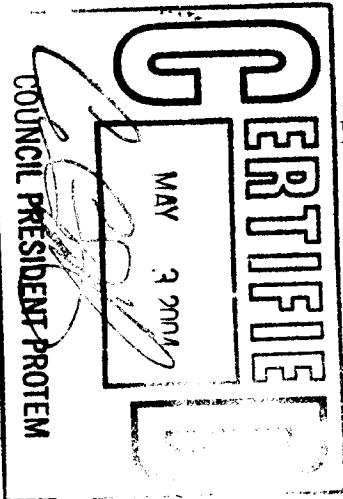
CLAIM OF: BOBBY L. NEAL  
88 W.M. Holmes Border Drive, SE  
Atlanta, Georgia 30312

For damages alleged to have been sustained as a result of  
striking an open construction cut on February 1, 2004 at  
Spring Street, NW and Peachtree Place, NW.

THIS ADVERSED REPORT IS  
APPROVED

BY:

JERRY L. DELOACH  
DEPUTY CITY ATTORNEY



**ADVERSED**

MAY 03 2004

## ADVERSE REPORT

**PUBLIC SAFETY &**

**LEGAL ADMINISTRATION COMMITTEE**

DATE: 4/27/04

CHAIR: C. Smith

Ray Norwood

Carol Smith

Clara Anderson

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**CITY OF ATLANTA  
OFFICE OF MUNICIPAL CLERK**

**RHONDA DAUPHIN JOHNSON, CMC  
MUNICIPAL CLERK**

May 10, 2004

55 TRINITY AVENUE, S.W.  
SECOND FLOOR, EAST  
SUITE 2700  
ATLANTA, GEORGIA 30303  
(404) 330-6033  
FAX (404) 658-6273

Bobby L. Neal  
88 W. M. Holmes Border Dr., SE  
Atlanta, GA 30312

**04-R-0670**

Dear Mr. Neal:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on December 01, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Yours very truly,

Rhonda Dauphin Johnson, CMC  
Municipal Clerk

**cc: Claims Division/Law Department**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0173

Date: April 13, 2004

Claimant /Victim BOBBY L. NEAL

BY: (Atty) (Ins. Co.) \_\_\_\_\_

Address: 88 W.M. Holmes Border Drive, SE

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 1,131.10 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 03/08/04 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) \_\_\_\_\_

Date of Occurrence 02/01/04 Place: Spring Street, NW and Peachtree Place, NW

Department \_\_\_\_\_ Bureau: \_\_\_\_\_ Division: \_\_\_\_\_

Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: The claimant alleges that he sustained damages as a result of striking an open construction cut at Spring Street, NW and Peachtree Place, NW. However, an investigation determined that KC Builders Inc. was working at this location and is responsible for the claimant's damages. The claimant has been advised to pursue his claim with KC Builders Inc.

INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report X Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

BASIS OF RECOMMENDATION:

Function: Governmental \_\_\_\_\_ Ministerial \_\_\_\_\_

Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_

City not involved X Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,



INVESTIGATOR - LISA CARTER

RECOMMENDATION:

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager:  Concur/date 04/15/04

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK

City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 3/8/04

ENTERED - 3-9-04 - SB  
04L0173 - LISA CARTER

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1131.10 property and/or \$ 600.00 bodily injury for which I contend the City is liable.

1. Date of incident: 2/11/04 (month/day/year) 2. Time of Incident: 10:30pm 3. Police called: ☒ Yes ☐ No
4. Location of incident (including street address): Spring & Peachtree
5. Name of your insurance company: Policy No.:
6. State what and how incident occurred: on my way to work, cross over Peachtree Str. went INTO A vehicle in the middle of the streets There was NO SATY signs posted.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Toyota Celica 86 25525-2718 Bobby C. Neal  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: (Make) (City Driver's Name) (Department/Bureau)

9. Witness: (Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. Claims must be received within 6 months of the event.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Bobby C. Neal  
Signature of Claimant

Bobby C. Neal  
(Print Claimant's Name)

88 W. M. Holmes Border Dr. S.E.  
#D-4  
(Address)

Atlanta Ga 30312  
(City, State and Zip Code)

4166-3980 4152-5-0560  
(Work Number) (Home Number)

04-R -0670